

114TH CONGRESS  
1ST SESSION

# H. R. 2102

To amend title XVIII of the Social Security Act to reduce the incidence of diabetes among Medicare beneficiaries, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2015

Mrs. DAVIS of California (for herself, Mr. KING of New York, Mr. RIBBLE, Mr. TAKAI, Mr. SMITH of New Jersey, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to reduce the incidence of diabetes among Medicare beneficiaries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Diabetes  
5 Prevention Act of 2015”.

1 **SEC. 2. DIABETES PREVENTION UNDER THE MEDICARE**  
2 **PROGRAM.**

3 (a) **COVERAGE OF DIABETES PREVENTION PROGRAM**  
4 **SERVICES.—**

5 (1) **COVERAGE OF SERVICES.—**

6 (A) **IN GENERAL.—**Section 1861(s)(2) of  
7 the Social Security Act (42 U.S.C. 1395x(s)(2))  
8 is amended—

9 (i) in subparagraph (EE), by striking  
10 “and” after the semicolon at the end;

11 (ii) in subparagraph (FF), by insert-  
12 ing “and” after the semicolon at the end;

13 and

14 (iii) by adding at the end the fol-  
15 lowing new subparagraph:

16 “(GG) items and services furnished under a di-  
17 abetes prevention program (as defined in subsection  
18 (iii)(1)) to an eligible diabetes prevention program  
19 individual (as defined in subsection (iii)(2));”.

20 (B) **DEFINITIONS.—**Section 1861 of the  
21 Social Security Act (42 U.S.C. 1395x) is  
22 amended by adding at the end the following  
23 new subsection:

1 “Diabetes Prevention Program; Eligible Diabetes Preven-  
2 tion Program Individual; Qualified Diabetes Preven-  
3 tion Program Provider

4 “(iii)(1)(A) The term ‘diabetes prevention program’  
5 means a program that—

6 “(i) meets the criteria described in subpara-  
7 graph (B); and

8 “(ii) is furnished by a qualified diabetes preven-  
9 tion program provider (as defined in paragraph  
10 (3)(A)).

11 “(B) The Secretary shall establish the criteria for a  
12 diabetes prevention program. Such criteria shall be in ac-  
13 cordance with the standards under the National Diabetes  
14 Prevention Program, as established by the Centers for  
15 Disease Control and Prevention, and shall require that the  
16 program complies with the Federal regulations (con-  
17 cerning the privacy of individually identifiable health in-  
18 formation) promulgated under section 264(c) of the  
19 Health Insurance Portability and Accountability Act of  
20 1996. In establishing such criteria, the Secretary may also  
21 consider other factors or clinical evidence as the Secretary  
22 determines appropriate.

23 “(C) Items and services furnished under a diabetes  
24 prevention program may, as determined appropriate by  
25 the Secretary, be furnished in-person in a community set-

1 ting, virtually, or via one or more proven distance-learning  
2 modalities.

3       “(D) The Secretary shall establish procedures under  
4 which a qualified diabetes prevention program provider  
5 may contract with a diabetes prevention program delivery  
6 partner to furnish the items and services under a diabetes  
7 prevention program. Items and services may be furnished  
8 in one or some combination of the settings described in  
9 subparagraph (C). For purposes of this subsection, the  
10 term ‘diabetes prevention program delivery partner’ means  
11 an entity, including non-profit organizations, public and  
12 private hospitals, State and local departments of public  
13 health, and Federally qualified health centers, that meets  
14 criteria established by the Secretary. Such criteria shall  
15 be in accordance with the standards under the National  
16 Diabetes Prevention Program, as established by the Cen-  
17 ters for Disease Control and Prevention. In establishing  
18 such criteria, the Secretary may also consider other fac-  
19 tors or clinical evidence as the Secretary determines ap-  
20 propriate.

21       “(2)(A) The term ‘eligible diabetes prevention pro-  
22 gram individual’ means an individual at risk for diabetes  
23 (as defined in subsection (yy)(2)) who would benefit from  
24 items and services under a diabetes prevention program,

1 as determined based on criteria established by the Sec-  
2 retary.

3 “(B) The criteria established under subparagraph  
4 (A) shall be in accordance with the standards under the  
5 National Diabetes Prevention Program, as established by  
6 the Centers for Disease Control and Prevention. In estab-  
7 lishing such criteria, the Secretary may also consider other  
8 factors or clinical evidence as the Secretary determines ap-  
9 propriate.

10 “(3)(A)(i) The term ‘qualified diabetes prevention  
11 program provider’ means any entity, including a Federally  
12 qualified health center, that the Secretary determines—

13 “(I) is appropriate to furnish items and services  
14 under a diabetes prevention program; and

15 “(II) meets criteria established by the Sec-  
16 retary, in consultation with the Centers for Disease  
17 Control and Prevention.

18 “(ii) A qualified diabetes prevention program pro-  
19 vider may be, as determined appropriate by the Secretary,  
20 a supplier (as defined in subsection (d)), a provider of  
21 services (as defined in subsection (u)), a health insurance  
22 or services company, a community-based organization, or  
23 any other appropriate entity.

24 “(B) A qualified diabetes prevention program pro-  
25 vider shall—

1           “(i) furnish the items and services under the di-  
2           abetes prevention program through a delivery part-  
3           ner (pursuant to paragraph (1)(D)) unless no such  
4           delivery partner is available;

5           “(ii) manage, track, and verify the outcomes of  
6           a diabetes prevention program (including attendance  
7           and observed weight loss of participating individuals)  
8           through defined systems which cannot rely solely on  
9           data self-reported by participating individuals, in-  
10          cluding outcomes of programs furnished under con-  
11          tract with a diabetes prevention program delivery  
12          partner as defined in paragraph (1)(D);

13          “(iii) implement business processes to manage  
14          program workflow, such as eligibility, reporting,  
15          claims billing, class scheduling, and enrollment;

16          “(iv) manage and verify billing accuracy and  
17          beneficiary eligibility (as described in paragraph  
18          (2));

19          “(v) comply with applicable laws and regula-  
20          tions and ensure such compliance by a diabetes pre-  
21          vention program delivery partner;

22          “(vi) perform various forms of engagement  
23          with, and outreach to, eligible diabetes prevention  
24          program individuals, including those participating in

1 programs furnished under contract with a diabetes  
2 prevention program delivery partner;

3 “(vii) comply with all program integrity require-  
4 ments as established by the Secretary; and

5 “(viii) perform such other functions as estab-  
6 lished by the Secretary.”.

7 (2) AMOUNT OF PAYMENT.—Section 1833(a)(1)  
8 of the Social Security Act (42 U.S.C. 1395l(a)(1))  
9 is amended—

10 (A) by striking “and (Z)” and inserting  
11 “(Z)”; and

12 (B) by inserting before the semicolon at  
13 the end the following: “, and (AA) with respect  
14 to items and services furnished under a diabetes  
15 prevention program (as defined in section  
16 1861(iii)(1)), the amount paid shall be 100 per-  
17 cent of (i) except as provided in clause (ii), the  
18 lesser of the actual charge for the items and  
19 services or the amount determined under the  
20 fee schedule that applies to such items and  
21 services under this part, as determined by the  
22 Secretary, and (ii) in the case of such items and  
23 services that are covered OPD services (as de-  
24 fined in subsection (t)(1)(B)), the amount de-  
25 termined under subsection (t)”.

1           (3) WAIVER OF APPLICATION OF DEDUCT-  
2           IBLE.—The first sentence of section 1833(b) of the  
3           Social Security Act (42 U.S.C. 1395l(b)) is amend-  
4           ed—

5                     (A) by striking “and” before “(10)”; and

6                     (B) by inserting before the period the fol-  
7           lowing: “, and (11) such deductible shall not  
8           apply with respect to items and services under  
9           a diabetes prevention program (as defined in  
10          section 1861(iii)(1))”.

11          (4) ASSIGNMENT OF CLAIMS.—Section  
12          1842(b)(18)(C) of the Social Security Act (42  
13          U.S.C. 1395u(b)(18)(C)) is amended by adding at  
14          the end the following new clause:

15                   “(vii) A qualified diabetes prevention program  
16           provider (as defined in section 1861(iii)(3)(A)).”.

17          (5) EXCLUSION OF ITEMS AND SERVICES  
18          UNDER A DIABETES PREVENTION PROGRAM FROM  
19          SKILLED NURSING FACILITY PROSPECTIVE PAYMENT  
20          SYSTEM.—Section 1888(e)(2)(A)(ii) of the Social Se-  
21          curity Act (42 U.S.C. 1395yy(e)(2)(A)(ii)) is amend-  
22          ed by inserting “items and services under a diabetes  
23          prevention program (as defined in section  
24          1861(iii)(1)),” after “qualified psychologist serv-  
25          ices,”.



1           (6) INCLUSION IN FEDERALLY QUALIFIED  
2 HEALTH CENTER SERVICES.—Section 1861(aa)(3) of  
3 the Social Security Act (42 U.S.C. 1395x(aa)(3)) is  
4 amended—

5           (A) in subparagraph (A), by striking  
6 “and” at the end;

7           (B) in subparagraph (B), by striking the  
8 comma at the end and inserting “; and”; and

9           (C) by adding after subparagraph (B) the  
10 following new subparagraph:

11           “(C) items and services under a diabetes pre-  
12 vention program (as defined in section  
13 1861(iii)(1)),”.

14           (7) SPECIAL CONSIDERATION FOR THE DUAL  
15 ELIGIBLE POPULATION.—In implementing the  
16 amendments made by this subsection, the Secretary  
17 of Health and Human Services shall give special  
18 consideration to the needs of individuals who are du-  
19 ally eligible for benefits under the Medicare and  
20 Medicaid programs.

21           (8) EVALUATION AND REPORT TO CONGRESS.—

22           (A) EVALUATION.—The Secretary of  
23 Health and Human Services shall conduct an  
24 evaluation on the coverage of items and services  
25 under a diabetes prevention program under the

1 Medicare program, as added by the amend-  
2 ments made by this subsection. Such evaluation  
3 shall include an analysis of—

4 (i) the impact of the provision of such  
5 coverage on Medicare beneficiaries, includ-  
6 ing the impact on various populations,  
7 such as individuals who are dually eligible  
8 for benefits under the Medicare and Med-  
9 icaid programs and individuals living in  
10 rural or medically underserved areas, and  
11 the impact of the provision of such cov-  
12 erage on health disparities;

13 (ii) the rate at which physicians refer  
14 eligible diabetes prevention program indi-  
15 viduals to diabetes prevention programs  
16 under the Medicare program;

17 (iii) Medicare beneficiary participation  
18 levels in diabetes prevention programs  
19 under the Medicare program and the  
20 awareness of Medicare beneficiaries of the  
21 benefit;

22 (iv) the health outcomes resulting  
23 from completion of a diabetes prevention  
24 program under the Medicare program, in-  
25 cluding any measurable variations in out-

1           come between different program settings  
2           described in section 1861(iii)(1)(C) of the  
3           Social Security Act, as added by paragraph  
4           (1)(B);

5           (v) program integrity protections im-  
6           portant to diabetes prevention programs  
7           under the Medicare program; and

8           (vi) other areas determined appro-  
9           priate by the Secretary.

10           (B) REPORT.—Not later than January 1,  
11           2021, the Secretary of Health and Human  
12           Services shall submit to Congress a report on  
13           the evaluation conducted under subparagraph  
14           (A), together with recommendations for such  
15           legislation and administrative actions as the  
16           Secretary determines appropriate.

17           (9) EFFECTIVE DATE.—The amendments made  
18           by paragraphs (1) through (6) shall apply with re-  
19           spect to services furnished on or after January 1,  
20           2017.

21           (b) INCLUSION OF REFERRAL RATES TO DIABETES  
22           PREVENTION PROGRAMS IN THE MEDICARE PHYSICIAN  
23           QUALITY REPORTING SYSTEM.—Section 1848(k)(2)(C)(i)  
24           of the Social Security Act (42 U.S.C. 1395w-  
25           4(k)(2)(C)(i)) is amended by adding at the end the fol-

1 lowing new sentence: “For purposes of reporting data on  
 2 quality measures for covered professional services fur-  
 3 nished during 2020 and each subsequent year, the quality  
 4 measures specified under this paragraph shall include a  
 5 measure with respect to referrals of eligible diabetes pre-  
 6 vention program individuals (as defined in paragraph (2)  
 7 of section 1861(iii)) to diabetes prevention programs (as  
 8 defined in paragraph (1) of such section).”.

9 (c) INCLUSION OF DIABETES RISK ASSESSMENT IN  
 10 MEDICARE PERSONALIZED PREVENTION PLAN.—

11 (1) IN GENERAL.—Section 1861(hhh)(2)(C) of  
 12 the Social Security Act (42 U.S.C.  
 13 1395x(hhh)(2)(C)) is amended by inserting before  
 14 the period at the end the following: “, and an assess-  
 15 ment of whether the individual is an individual at  
 16 risk for diabetes (as defined in subsection (yy)(2))”.

17 (2) EFFECTIVE DATE.—The amendment made  
 18 by this subsection shall apply to personalized preven-  
 19 tion plans created or updated on or after January  
 20 1, 2017.

21 **SEC. 3. FINDINGS; SENSE OF THE HOUSE OF REPRESENTA-**  
 22 **TIVES REGARDING DIABETES PREVENTION**  
 23 **UNDER THE MEDICAID PROGRAM.**

24 (a) FINDINGS.—Congress makes the following find-  
 25 ings:

1           (1) The prevalence and cost of diabetes is a sig-  
2           nificant concern for State Medicaid programs. By  
3           2021, the Medicaid program is expected to cover  
4           13,000,000 people with diabetes and about  
5           9,000,000 people who may have pre-diabetes. By  
6           2021, States will spend an estimated  
7           \$83,000,000,000 on individuals with diabetes or pre-  
8           diabetes.

9           (2) The National Diabetes Prevention Program,  
10          as established by the Centers for Disease Control  
11          and Prevention, has been proven to reduce the onset  
12          of diabetes in at-risk adults by 58 percent, using a  
13          cost-effective, community-based intervention.

14          (b) SENSE OF THE HOUSE OF REPRESENTATIVES.—  
15          It is the sense of the House of Representatives that the  
16          National Diabetes Prevention Program presents an oppor-  
17          tunity for States to reduce the incidence of diabetes among  
18          individuals enrolled in their Medicaid programs.

○